

Application Fee: \$100.00

Date: _____



104 W. 3rd Street Grove, Oklahoma 74344
(918) 786-6107 Fax (918) 786-8939
www.cityofgroveok.gov

Application for Certificate of Compliance Medical Marijuana Establishment

Name of Applicant: _____
(Individual, Corporation, Association, etc.)

Street Address of Business: _____

City and State: _____ Zip Code: _____ E-mail: _____

Contact Person: _____ Phone No: _____

Type of License Applying for: (Check One)

_____ Medical Marijuana Dispensary

_____ Medical Marijuana for Personal Use Grower

If the applicant is not the property owner, written authorization from the property owner to allow tenant to grow medical marijuana for personal use must be attached to the application.

Signature of Applicant

Title

For City Use Only

Does this application comply with zoning regulations? ____ Yes ____ No

Planning & Zoning Administrator

Date

Does this application comply with City of Grove Building Codes? ____ Yes ____ No ____ NA

Building Inspector

Date

Does this application comply with City of Grove Fire Codes? ____ Yes ____ No ____ NA

Fire Department Official

Date